

# **Exhibit A**

## **Administrative Record**

**§1**



City of San Leandro  
Planning Services  
835 E. 14th Street • San Leandro, CA 94577  
PH (510) 577-3371 FAX (510) 577-6007

## PLANNING PERMIT APPLICATION

Please type or print legibly.

Project Address: 14600 CATALINA Assessor's Parcel Number: 806-933-22-1  
806-933-21-0

Please check all applicable permits.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Fence Modification              | <input type="checkbox"/> Planned Development | <input type="checkbox"/> Site Plan Review: |
| <input type="checkbox"/> Variance               | <input checked="" type="checkbox"/> Zoning Map Amendment | <input type="checkbox"/> Other _____         | Δ Major                                    |
| <input type="checkbox"/> Parking Exception      | <input type="checkbox"/> Tentative Map                   |  | Δ Minor                                    |
|   |  |  | Δ RS-VP                                    |

Please describe the project associated with your application request. (Attach additional sheets if necessary.)

REZONE PROPERTIES FROM IP TO IP(CAU) WITH ASSEMBLY  
USE OVERLAY - MODIFICATION TO EXISTING APPLICATION

Please provide a supporting statement for your application request. (Attach additional sheets if necessary.)

Applicant (☒ owner ☐ lessee ☐ other): ICFG (SAN LEANDRO #2-LOCAL)  
Legal Name (☐ individual ☒ corporation ☐ joint venture ☐ partnership): \_\_\_\_\_  
Mailing Address: 1910 WEST SUNSET BLVD. #200 Work Phone: (510) 357-5723 (JIM LEE)  
City: LA State: CA Zip: 90026 Home Phone: ( ) \_\_\_\_\_  
Email Address (optional): \_\_\_\_\_ Cell Phone: (510) 773-8568 "

I (We) hereby certify under penalty of perjury that I (we) join in said application and that the statements and information contained herein are in all respects true and correct.

Date: 3/20/07 Applicant's Signature: [Signature]

Property Owner (if the applicant is not the owner): \_\_\_\_\_

Legal Name (☐ individual ☐ corporation ☐ joint venture ☐ partnership): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Email Address (optional): \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

I (We) hereby certify under penalty of perjury that I (we) join in said application and that the statements and information contained herein are in all respects true and correct.

Date: \_\_\_\_\_ Property Owner's Signature: \_\_\_\_\_

### TO BE COMPLETED BY CITY STAFF

Project #: PLN 2006-000A9 Date/Received: 5/19/06 By: DP Zoning District: IP  
Reviewing Body: PC/CC Fee Deposit paid: 2000 Code Section: \_\_\_\_\_  
Hearing Date: 4/12; 5/19 Receipt #: 73490 Redevelopment: ☐ Plaza ☐ Joint ☒ WSL/Mac  
Customer #: 17657 Environmental: ☐ Exempt ☒ Neg Dec ☐ EIR

Staff Comments:

ALREADY REPEATED

COMMUNITY DEVELOPMENT DEPARTMENT  
www.ci.san-leandro.ca.us